

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022521

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 116Primary Registration District No. 4182Registrar's No. 136

STATE FILE NUMBER

FILED JUN 26 1962

1. PLACE OF DEATH

a. COUNTY

Franklin

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

New Haven

Length of stay in 1b

6 Years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Franklin

Inside Limits

Yes ☐ No ☒c. CITY
OR
TOWN

New Haven

d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Alexander

Salof

4. DATE
OF
DEATH

Month

Day

Year

June

16

1962

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIAGE

Widowed ☐

8. DATE OF BIRTH

3-14-1882

9. AGE (last birthday)

80

10. IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours Min.

3

2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tool & Dye Maker

10b. KIND OF BUSINESS OR INDUSTRY

Machinist

11. BIRTHPLACE (City and state or country)

Russia

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Don't Know

13b. MOTHER'S MAIDEN NAME

Don't Know

14. NAME OF HUSBAND OR WIFE

Lydia Salof

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Lydia Salof New Haven Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Natural Causes

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw her alive on _____.
Death occurred at _____ 5:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

6-10-1962

New Haven Cemetery

New Haven

Mo.

25. DATE RECD. BY LOCAL REG.

6/18/62

26. REGISTRAR'S SIGNATURE

Lenta C. J. Heidmann

L. C. Fertig & Son New Haven Mo.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10360

20360

3

4 0

5 1

6

7 2

8 0

9 7954

10

11

12 90-8

13 5-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by me, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Earl C. Deiter

Licensed Embalmer No. 3385

P. O. Address New Haven, Conn.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.